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## BIB DATA SHEET

CONFIRMATION NO. 3958

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|----------------------------------|-------|----------------|------------------------|
| 10/052,961    | 01/18/2002                       | 073   | 1617           | 44657-AAA-PCT-US/JPW   |

**APPLICANTS**  
 Joseph R. Berger, Miami, FL;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/469,817 12/22/1999 PAT 6,670,351  
 which is a CON of 08/244,988 06/22/1995 PAT 6,090,799  
 which is a 371 of PCT/US93/10063 10/20/1993

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\***  
 02/11/2002

|   |   |  |                           |                         |                       |                            |
|---|---|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119(a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>/SHENGJUN WANG/<br>Examiner's signature | <input type="checkbox"/> Met after Allowance<br>Initials | STATE OR<br>COUNTRY<br>FL | SHEETS<br>DRAWINGS<br>0 | TOTAL<br>CLAIMS<br>16 | INDEPENDENT<br>CLAIMS<br>2 |
|---|---|--|---------------------------|-------------------------|-----------------------|----------------------------|

**ADDRESS**  
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**TITLE**  
 Method for ameliorating muscle weakness/wasting in a patient infected with human immunodeficiency virus-type 1

|                                |   |  |
|--------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>1020 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
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